Thomas Funeral Home Cambridge,

DHMH - 16 60M 7/84 (VRA 15, 4)

nes Z

Av v

Maria da da da 18.

11.16

3.5.5

4...

2-47-1

Target State

Server Server Library Constituted Library 28 198 20 1986

5	18074	1-	FOR STATE REGISTRAR		DEF	PARTMENT OF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE S S	253	This
0 4	. 85		CEASED NAME	FIRST	MIDDLE	-1 1	AST	20. DATE OF DEATH MONTH		No HOUR
	noy be page 3 er death			DA	Kui	H L	-owky	8	3186	330PM
	oge 4 mc	3. SE	Female	4. RACE	AUCASIA	S. DATE ( MONTH		6. AGE (IN YEARS LAST BIRTHDAY)  8 9	MONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
	ment p		RTHPLACE (STATE OR FOI		U.S.A.	WIDOWI		9. BALTIMORE CITY OR COUN  CAROLIN	E Cou	WTY MD.
201	by the filed with a nowing	1	ENTON	(JF NO	TIN SUCH FACILITY, GIVE	STREET ADDRESS)	ATH CARTER	12d. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING <b>minister</b>		BUSINESS OR
BALTIMORE, MARYLAND 212D	n 24 hou filled in could be		AL RESIDENCE (IF NURSUN TATE Md.	COUNTY Dor.	130 CITY OF Camb	E BEFORE ADMISSION) R TOWN ridge		130 STREET ADDRESS / ZIP CO 423 Robbin	s St.	21613
ARYL	1 19/19/	14. F/	THER'S NAME FIRST	MIDDLE	D.m.s.		15. MOTHER'S MAIDEN NAM	MIDDLE	Parker	
m,	The state of the s	16a \	Jeffers		EES? 166 SOCIAL	L SECURITY NO.	17 INFORMANT	ADDRESS	rainei	
IMOR		1	NO OR UNKNOWN)	(IF YES, GIVE WAR OR D	214-	74-7476	Katherine	Ross Cambrid	ge Md.	
ST., BALT	physicia physicia onpopers emavol.		18. CAUSE OF DEATH PART I. DEATH WA	Enter only one cou S CAUSED BY: MMEDIATE CAUSE	MA		PULMONA	MY ARREST	APPROXIM, BETWEEN ON	ATE INTERVAL ISET AND DEATH
PRESTON	oth cer ending e corbo an, or re		Conditions if an		TO, OR AS A CON	SEQUENCE OF	19 58.85	15	2-	3 have
≥	that the deoral by the atterlease removerial, cremotion or other traum		Conditions, if any, gave rise to imme couse (a), stating underlying cause	diate	TO, OR AS A CON					2019
RDS, 201	equires n signe Then p r to bur injury,	NO	PART 2. OTHER SIGNII RIGHT	CERES.	SROVAS	G TO DEATH BUT	ACCIDENT	MALDISEASE OR CONDITION C	ENSON	
DIVISION OF VIT AL RECORDS,	The law ricion.  te has bee issi permit. glene prio	CERTIFICATION	19a DATE OF OPERATK	ON 19b. (	CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	_ IN CER	YES, WERE FINDING TIFYING CAUSES O YES []	
OF VIT	SICIAN: The ag physicion certificate h certificate h certificate h certificate h certol Hygier 18 show		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH HO	TIME OF INJURY UR A.M. MONT P.M.	H DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM )	8 PARI I OR PART 2)	
VISION	The burner of th	MEDICAL	21d. INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	D 21e F	PLACE OF INJURY OME STREET, FACTORY, O		21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ō	ENDIN fol or OR: Aft Truse or Health		22s I certify that (I)	live on	8/31		nd that in (my (our) prinion	death occurred on the date and h		ot (li (we) last
	OR DIRE		obave (i) her (dis	Midd not) view the	e body ofter death.	role 7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c DATE SI	31-86
	O HOSPITAL etained by the TO FUNERAL should be det with the State IMPORTANT:		MAR	Y CAN	YPAGN	000,00	PLO, B	ox 660 i	Senta	N, MO.
		23a.	SPECIFY)				EMETERY OR CREMATORY	23d LOCATION  E. New Mar	COUNTY	STATE
	BP	7.6 E	burial JNERAL DIRECTOR	19/	/3/86	E. New	Market Cem	E. New Mar		
	DHMH - 16 50M 4/83 (VRA 15, 4)		A NAME	resal Hom	( BADA	ORES AT	6. Md. SEP			ne ne

TOTAL MANAGEMENT OF THE SAME DOOR SAME

STAR STAR MANAGER TO THE RESERVE AND A STAR OF THE STA

NAME OF THE PARTY OF THE PARTY

passed that to distinguish as the result of the property of th

WALEST COLOR OF THE STATE OF TH

AND ENGINEERING THE PARTY OF THE STATE OF THE PROPERTY OF THE PARTY OF

3	1,	FOR STATE	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 6	25312
10-18041		REGISTRAR CEASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO	
e de 3		OR PRINT)  MARABA		MASON	S-31	A 31 86 123 M
moy	3. SE	E	CAUCASIAN	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN.
Thomas A	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	? & MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
11/1		NNESSE TY OR TOWN OF DEATH		WIDOWED DIVORCED C	120. USUAL OCCUPATION	
a Tax	15	DENTON	CAROLINE CAROLINE	NURSING HOME	HOUSE WIFE	WORKING LIFE) INDUSTRY HOME
ON THE PROPERTY OF	K	STATE ITACKY FALL	INTY 13t. CITY OR TO	TON YES NO P	SUISET I	DRIVE 99999
The state of the s	JAY FA	THER'S NAME	MIDDLE MALLAST	15. MOTHER'S MAIDEN N		Power
ORE, N		VAS DECEASED EVER IN U.S. A	RMED FORCES? 16b SOCIAL SE IVE WAR OR DATES)	CURITY NO. 17 INFORMANT	ADDRES	
BALTIM Care be open of		18 CAUSE OF DEATH (Enter D PART I. DEATH WAS CAUS	inly one cause per line for (o), (b),		MERLUCCA, MA	ARRINGION, DEL S  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
N ST.			ATE CAUSE (a) Have	Buchapaconon	1/3	11 key
by the offendings ermone cort		Canditians, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEG			
05, 20 supred her ple o burse quy, as	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO THE TER		UTION GIVEN IN PART I(a)
M. RECORDS  To promit Then reques  To promit Then  The properties  The propert	CERTIFICATION	190. DATE OF OPERATION		H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES \( \bigcup \text{NO} \( \bigcup \text{NO} \)
OF VITA		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.M. MONTH	DAY YEAR	IRRED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)
VISION Medical Medical Medical Medical	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211. LOCATION	CITY OR TOW	N COUNTY STATE
Theoly I want		220-1 certify that (1) (this hosp	off view the bady after death.	57.	n deoth occurred an the dat	te and hour and from the causes stated
OR At hope of		abave, (1) (we) (did) (did n	ot) view the bady after death.	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
HOSPITA Direct by FUNERA Out be de in the Ston		22d. PHYSICIAN'S NAME LYPE	ORPRINTI FELIPE, 1	22e ADDRESS	DIRECTOR   PHYSICI	ANLI MONTH
999497	230. B	URIAL, CREMATION, REMOVA	1 23b. DATE 23 9-3-86 2	NAME OF CEMETERY OR CREMATORY  ENTON CEMETERS	23d LOCATION CITY OR TOWN DENTION	CAPOLINE M'S
DHMH-16-30M-2/80 (VRA 15, 4)	17	HADOLP	HP Moder	STON SE	ATE REC'D. BY REGISTRAR 2	Sh. REGISTRAR'S SIGNATURE

11081-00 The state of the s Parties of the state of the sta 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1. 14 1.

-/	STATE OF MARY	CLAND (1)
3	FOR DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE
70-15563	I - STATE REGISTRAR CERTIFICATE O	F DEATH REG. NO.
00 13303	1. DECEASED NAME FIRST , MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
⊕ ≈ <del>€</del>	(TYPE OR PRINT)	0 101 2:15-1
noy be poge 3	Carolyn Pillips	S-/-86 A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
E D	3. SEX  4. RACE  5. DATE OF BIRTH  MONTH DAY	
4 00	remale WHITE OI 30	1886 100 YRS.
_ 2 40 + //	78. BIRTHPLACE (STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? 8.	9. BALTIMORE CITY OR COUNTY OF DEATH
4 11 8//	Delaware USA WIDOWED	DIVORCED TO CORPORATE CO. MD.
4 11 8	Delaware   WIDOWED X	
4 43 40	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2 2 40	Denton   Wesleyan Health Car	Recently 2 Housewife Homenaker
2	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVERESIDENCE BEFORE ADMISSION) 130. STATE 1136. COUNTY 136. CITY OR TOWN 136. INSID	E CITY LIMITS? 136.STREET ADDRESS / ZIP CODE
21 6 V3 9/4	DE New Castle Claumont YES []	NOTE 57 haroson Ave 19903
到星点	14. FATHER'S NAME	R'S MAIDEN NAME
ま 17707	FIRST MIDDLE LAST	FIRST MIDDLE LAST
3 60/00	Jacob Hottenfellow  160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFOR	Elizabeth Hottenfellow  ADDRESS
0 mg 000	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	2602 77 7 7711
	No. 221-67-4074 Mr.	watter E. PRITITIOS
sicili si	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., E	PARTI DEATH WAS CAUSED BY: Cardio police	mary Tail 4re
N S ling ing or re		3 1.
PRESTON he deoth ce he ottendin emove corb motion, or	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which	2 week.
e de movimonita	gove rise to immediate	
W. F by th ose re other	couse (a), stating the Underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF	
201 yes tho	(c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
RECORDS,	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PER  21b. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW	
bee bee	3 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
		YES NO YES NO
VITA VITA Visica Const Const Hygill 8 sh	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW	INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
VOF V	OB CONTRIBUTION CALISE OF DEATH HOUR A.M. MONTH DAT TEAR	
NO VYSIC ling cert working Aeath	(IFEITHER, NOTIFY MEDICAL EXAMINER)  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  21l. NOTIFY MEDICAL EXAMINER)	TION
PHY endi this he bu	WHILE ON WHILE ON THE STREET, FACTORY, OFFICE, FARM, ETC.)	REET CITY OR TOWN COUNTY STATE
DIVISION OF VITAL  DING PHYSICIAN: The contending physicion of the this certificate is of the buriol-itronising plus and Mental Hygiet marked or item 18 show ma	WHILE NOT WHILE AT WORK AT WORK	
S B S B S B S B S B S B S B S B S B S B	22a.l certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) lost
TTE TO for of h	sow the deceased alive on	ny) (our) opinion death occurred on the date and hour and from the couses stated
REG Phos A hos Phed hed ept.	22b. SIGNATURE DEGREE	22. DALE SIGNED
the Distriction	Com M.D.	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   8/1/86
by by Story	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADD	
OSI Id b	JAMES CORWIN BO	4/10 00NTON MA 7/129
TO HOSPITAL reformed by the TO FUNERAL with the State with the State		7 600 1001 100 1001
F 5 F 0 > 2	236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY C	CITY OR TOWN COUNTY STATE
BP	GERHART FUNERAL HOME P.O. BOY 370 Claymon	Cemetery Wilmington, Delaware
299999	24 FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
177 DHMH 16 60M 7/84 (VRA 15, 4)	MOORE FUNERAL HOME PA LENTON, MO 2	16AUG 14 MAD 11
1-2	Y TO THE RESERVE TO THE PARTY OF THE PARTY O	Control of

Company of the Compan

A STATE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF T

20551	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARYLAND EALTH AND MEN ICATE OF DEA	ITAL HYGI		2 5	3 1 4		
1.10331	1. DE	CEASED NAME FIR	MIDDLE	1	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 25 HOUR							
page 3		OR PRINT)	Eudra Ma	ae Pruitt				Sept. 6		9:35 a <sub>M</sub>		
	3 SE	X	4. RACE		5 DATE (		YEAR	6. AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS		
oge 4	L	Female		Cau.		12 28 06		79 YRS.				
neral direction n 72 hours		70 BIRTHPLACE ISTATE OR FOREIGN COUNTRY) North Carolina				MARRIED X NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY OF DEATH  Caroline  MD.				
er de fo	10 C	ITY OR TOWN OF DEATH		OF HOSPITAL, N		OR OTHER INSTITU	TION	126. USUAL OCCUPATION    TYPE OF WORK FOR MOST OF WORKING LIFE  INDUSTRY				
2 4 4 5 CEC	He	enderson	Di	ggins Ro	oad			Housewife none				
MARYLAND 2120 ed within 24 hours mpletely filled in by angle should be file	NSU	AL RESIDENCE LIF NURSING H	OME OR OTHER INSTIT COUNTY Caroline	13c, CITY OF		13d. INSIDE CITY	LIMITS?	13e. STREET ADDRESS	ins Rd.	21636		
orkin orkin	14. F/	ATHER'S NAME	WIDDLE	LAS		15. MOTHER'S MA	AIDEN NAM	E		LAST		
	1	James C	Crabb				e Lior	าร		(20)		
BALTÍMORE,		WAS DECEASED EVER IN U	J.S. ARMED FORCE YES, GIVE WAR OR DATE  OF THE STREET OF T	(ES)	SECURITY NO.	17 INFORMANT		ADDRE				
S. P.		no		243-1	0-2307	Tyray	Pruit	t Hende	erson, MD			
res that the aleath certifies that the aleath certified by the attending and please remove congang outsid, cremation, as demonstration, as	z	Canditions, if ony, wh gave rise to immedia cause (a), stating	DUE Total	(O, OR AS A CON: (b) (O, OR AS A CON:	SEQUENCE OF	CER C	HEK		AST ASES	PROXIMATE INTERVAL VEEN ONSET AND DEATH  6 MO.		
RECORDS  . low requi . so been signer signer in the prior to the signer in the prior to the prior to the signer in	CERTIFICATION	190 DATE OF OPERATION	1 19b. C	ONDITION FOR W	VHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, WERE FI	USES OF DEATH?		
*VITAL	ERT	21a. ACCIDENT WAS UNDERLY	ING   215 TI	ME OF INJURY		21c HOW IN IUR	RY OCCURRE	YES NO	YES T	NO []		
PFVI		OR CONTRIBUTING CAUSE	OF DEATH HOU	IR A.M. MONTH			., occount	TO TENTER INCIDITE OF INSOR	THE HEAT BY AND TONY AND			
DIVISION OF YOUR PHYSICIAL OF THE THIS CENTRAL OF THE THIS CENTRAL OF THE THIS CENTRAL OF THE THIS CONTRACT OF THIS CONTRACT OF THE THIS CONTRACT OF THE THIS CONTRACT OF THIS CONTRACT OF THE THIS CO	MEDICAL	(# EITHER, NOTIFY MEDICALE)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	21e PL	P.M. ACE OF INJURY ME. STREET, FACTORY, C	DEFICE, FARM, ETC }	211 LOCATION STREET		CITY OR TOV	VN COUNT	Y STATE		
DIV OING or of Afree os sith onork				and the deserted t	from Jus		10 86	10 SKAT	1- 10 86	2 that (I) (we) last		
TTEND pital o TOR: for uss of Hea		22a I certify that (I) (this saw the deceased a above (I) (we) (did) (	live an	9/3	717-	-	7	eath accurred on the da	te and hour and from			
TAL OR A ty the hos RAL DIREC detached tote Dept.		The SIGNATURE	M. Str	und		1, D PHY	NDING SICIAN	MEDICAL STAF	F (	1/6/86		
TO HOSPITAL TO FUNERAL I Should be defined by the Should be defined by the Should be defined by the State I MAPORTANT. IF		BRUCE	M.	GRUND		BOX	122	COLDSB	ORO, MA	21636		
		BURIAL, CREMATION, REM				EMETERY OR CRE		23d. LOCATION CITY OR TOWN	COUNTY	STATE		
BP		Burial	9-9	-86	Austin	Cemeter		Austin	Wilks	NC		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME John E.	. Boulai:	s Gree	ensboro,	Md. 216	SEP 1	5 1986 Ju	Davidson-A	angest.		

0-18551 State of the National Assets The life of the same of the sa 

4.0570	FOR STATE REGISTRAR		ME		ENT OF H		MENTAL H		6 REG.	2 5	d	5
10±185/9	1. DECEASED NA/	AE FIRST		MIDDLE		LAST		2a. D.	ATE KNOWN		DAY YEAR	2b HOUR
ASE OR. ES.	(TITE OR PRINT)		Franklin		У	196	taurill .	DE	OF ESTI-		19 86	8A M
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. 5 WW PRESTON STREET, W. PRESTON STREET,	male male	Cau.	Nov. 20	YEAR	AGE (IN YEAR LAST BIRTHDAY 72 YRS	MONTHS DA		MIN. PRON	DATE NOUNCED DEAD	Sept.	4 19 86	10:30
NECESSAR FUNERAL S FOR YOU W PRESTO	7a BIRTHPLACE FOREIGN COUNTRY			A.	PITAL, NURSING HOME, OR OTHE CILITY, GIVE STREET ADDRESS)		FOR					
SEA SEA				ACILITY, GIVE STR					SUAL OCCUPATION (TYPE OF WORK 12b KIND OF R MOST OF WORKING LIFE)			BUSINESS STRY
PEL SEL	USUAL RESIDENC			OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)		21640		Carper			Buildin	ig
ANY ANY ANY SECOND SECO	13a STATE	d. Car	oline	Hend	lerson	13d. IN		Bee 7	odress Free Ro	1 21	640	
D H S S S S S S S S S S S S S S S S S S	14. FATHER'S NAM		MIDDLE		AST	15. MG	OTHER'S MAIDE	1000	MIDDLE		LAST	
2000	Wilbur	M. Reedy					ertha E	is				
ME SECTION	160 WAS DECEAS (YES, NO, OR UNK)	ED EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)		AL SECURITY		FORMANT		ADDRE			
I ASSES	no 18 CAUSE	OF DEATH (Enter o		217-( Aorta), (b),	03-5328	Ar	thur Re	eedy	Mary	del, De	APPROXIMATE	
L RECORDS, 201 W. PRESTO- UID BE EXECUTED WITHIN 24 "PENDING" IN PENCIL IN ITE FF MEDICAL EXAMINES ALO ED AS A BURIAL 'PENSIT PENSIT PENSIT PAID MENTAL HYGIF L. CREMATION, OR REMOVA	gove cause ( lying co	ons, if any, which rise to immediate a) stating the <u>under</u> ause last.	DUE TO, O  (c)  S CONTRIBUTING TO DEAT	3CK,	LUNG	EL DISEME OR COM	OITION GIVEN IN PA	Em	/	MA	Chro	nic
ON OF VITA  FIFICATE SHO SO THE WORD TO THE CHI SHOULD SE LIS ARRIVATOR OR TO SESSION	LINDEDIVIN	NAL CAUSE WAS	and the second second	M. MONTH		ZIc. HOW IN.	JURY OCCURRE	D (ENTER NATURE	OF INJURY IN ITEM	18 PART 1 OR PART 2	YES 🗌	NON
DIVISIO WRITING WAGE 3 SHO TATE DEFA	O 214 INTURY	OCCURRED  NOT WHILE AT WORK	21e PLACE		(AT HOME,	211. LOCATIO	N	СПУ	OR TOWN	COUNTY	1	STATE
EDICAL EXAMINER: 11E THE CERTIFICATE A SHOULD BE FORM INERAL DIRECTOR: SHORE, WITH THE SHORE: SHORE MARYLAND,	22ª I cer deoth resu ACTUAL SIGNATURI	lted from: Note	ge of the remains do	Accident	e, held on Suice	Autopsy C	Inspectio	Undetermine		DATE	7/4/	86
O MED WALLEY WILLY	EXAMINER'	RINT)	15/19/1	世。	ENSE	ADDRE	PO	BOX	690,	LenTai	MD 2	1629
POLETO	(SPECIFY)	ATION, REMOVAL				TERY OR CREA		23d. LOCATION	N	COUNTY		ATE
BP	Bu 24 FUNERAL DIRI		9-7-86	1 er	nplevil	e Cem	ete Ja. X ATE	REC'D. BY REGI	mplevill STRAR 256. RE	GISTRAR'S SIGN		Md.
DHMH - 17 (VR A15 ME (5) )	Jo NAME	hn E. Bo	ulais	i\$	sboro		SEP.	1.5 198	5 Achier	Davidson-1	ander.	

-----

00-10573

MYDOCHUMIC SING FROM THE CHOICE

HOURS HOUTE FITTER WING CHARGER EMPLYSEME

Elisation Electron All J. Son 610 Dalla apress

and an index

1000

CERTIFICATE #86-25816



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE O CERTIFICATE OF DEATH 7-19502 . DECEASED-NAME First Last 2g. DATE OF DEATH 2b. HOUR (Type or print) September 7P M 1986 Grayson Taylor Nathaniel S. DATE OF BIRTH IF UNDER 1 YEAR IE INOER 24 HRS 4. RACE 6. AGE (In years 3. SEX last birthdoy) MONTHS DAYS HOURS Male Negro Feb. 17. 1912 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Caroline U.S.A. WIDOWED T DIVORCED [ Maryland
10. (ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Central Avenue during most of working life, even if retired.)
Brick Mason NDUSTRY Construction PRESTON STREET, BALTIMORE, MARYLAND 21201 Ridgely 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Marvland Caroline YES NO X Ridgely Central Ave. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle XXXXXXX Oliver Hutchins Taylor Cornelia Anna 17. INFORMANT 6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Ridgely, MD (Yes, no, of unknown) 218058264 Sylvia Taylor, Mrs. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) GETWEEN DNSFT AND DEATH PART I. DEATH WAS CAUSED BY: 24 E Lomp mo IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause DIVISION OF VITAL RECORDS, 301 W. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING [ 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from 3 / 6 , 1956, ta 9 / 6 , 19 6 , that (1) (we) last saw the deceased alive an 1956, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. STAFF PHYS. 9-19-86 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Dutchmens Lane, Easton, MD 21601 NAME (Type) Stephen Carney, M.D. should be of Health of 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify)
Burial Spring Grove Cemetery Denton MD Caroline 9/20/86 ADDRESS 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 4 FUNERAL DIRECTOR DHMH - 16 3/72 25M (VR A15 (4))